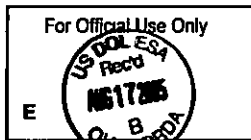


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U- <b>9366</b>	2 Fiscal Year Covered From  1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing  Name Chad B Woods  P O Box, Bldg, Room No, if any  Street 7067 Shirley Francis Rd  City Shreveport  State Louisiana ZIP Code + 4 71129	4 Name, file number, and address of labor organization  Name Regional Council  Labor Organization File Number 540-876  P O Box, Building and Room Number, if any Suite A  Street 8875 Greenwell Springs Rd.  City Baton Rouge  State Louisiana ZIP Code + 4 70814
5 Position in labor organization Business Rep of Regional Council	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any)  Name N/A  Trade Name, if any  P O Box, Bldg, Room No, if any  Street  City  State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income  N/A  7 b Amount  \$0

### Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Chad B Woods</u>	On <u>8/10/05</u> Date	<u>318-671-9390</u> Telephone Number

Name of Person Filing <b>Chad Woods</b>	File Number <b>U-</b>
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name, if any)</b>  Name <b>Amsouth Bank</b>  Trade Name, if any  P O Box, Bldg , Room No , if any <b>3rd Floor</b>  Street <b>333 Texas Street</b>  City <b>Shreveport</b>  State <b>Louisiana</b> ZIP Code + 4 <b>71101</b>	<b>9 Business deals with</b>  <div style="margin-left: 40px;">             a Labor Organization   <input checked="" type="checkbox"/> b Trust               c Employer           </div>
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<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name <b>N W LA Carpenters Pension Fund</b>  Trade Name, if any  P O Box, Bldg , Room No , if any <b>Suite 207</b>  Street <b>2715 Mackey Office Place</b>  City <b>Shreveport</b>  State <b>Louisiana</b> ZIP Code + 4 <b>71118</b>	<b>11 a Nature of such dealing</b> <b>Custodial Bank &amp; Investments Manager for Trust Fund</b>   <hr/> <b>11 b Approximate dollar value of such dealing</b> <span style="float: right;"><b>\$28,127</b></span> <hr/> <b>12 a Nature of interest held or income received</b> <b>Christmas Gift Basket</b>   <hr/> <b>12 b Amount</b> <span style="float: right;"><b>\$38</b></span>
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**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b>  Name <b>N/A</b>  Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  State <b>Louisiana</b> ZIP Code + 4	<b>14 a Nature of payment</b> <b>N/A</b>
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<b>13 b Is the Business an Employer                      or Consultant                      ?</b>	<b>14 b Amount of payment</b> <span style="float: right;"><b>\$0</b></span>
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